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Atty. Dkt. No. 065733/2262

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dave, et al.
Title: RAPID ASSAY FOR ARTHROPOD-BORNE DISEASE VECTORS AND PATHOGENS
Appl. No.: Unknown
Filing Date: February 17, 2000
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.
EL536644479US February 17, 2000
(Express Mail Label Number) (Date of Deposit)
Germaine Sarda
(Printed Name)
[Signature]
(Signature)

UTILITY PATENT APPLICATION
TRANSMITTAL

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Kirti Dave
Eva Emmerich (formerly Sintar)
Jeffrey Ryan
Robert A. Wirtz

Enclosed are:

- [X] Specification, Claim(s), and Abstract (69 pages).
- [X] Informal drawings (7 sheets, Figures 1-7).
- [X] Return Postcard

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09/505898
02/17/00

The filing fee is calculated below:

| | Claims as Filed | Included in Basic Fee | Extra Claims | Rate | Fee Totals |
|---|--------------------|--------------------------|-----------------|--|---------------|
| Basic Fee | | | | \$690.00 | \$690.00 |
| Total Claims: | 43 | - 20 | = 23 | x \$18.00 | = \$414.00 |
| Independents: | 5 | - 3 | = 2 | x \$78.00 | = \$156.00 |
| If any Multiple Dependent Claim(s) present: | | | + | \$260.00 | = \$0.00 |
| | | | | SUBTOTAL: | = \$1260.00 |
| [X] | | | | Small Entity Fees Apply (subtract ½ of above): | = \$630.00 |
| | | | | TOTAL FILING FEE: | = \$630.00 |

- [X] A check in the amount of \$630.00 to cover the filing fee is enclosed.
- [X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2/17/2000

By Barry S. Wilson

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